	est availabl	E COPY
	ATION FEE DETER ffective October 1, 2	
CLAIM	S AS FILED - PART	TI
	(Column 1)	(Column 2)
		1 3

Ani.	ion or Docket Number
	J. S. C.

Effective October 1, 2000								2977	520	62		
CLAIMS AS FILED - PA (Column 1)				•		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		7					RATE	FEE		RATE	FEE	
FO	R		NUMBER F	ILED	NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
то	TAL CHARGEA	BLE CLAIMS	7 min	us 20=	• 0)		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 mir	nus 3 =	* (5		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in colu					olumn 2		TOTAL		OR OR	TOTAL	710	
	CI	LAIMS AS A	MENDED	- PAR	TII			, 0 , , , ,		10.1	OTHER	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column					(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	c	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 7	Minus	** 2)	=		X\$ 9=		OR	X\$18=	
	Independent	+ 3	Minus	***	3	= /		X40=	/	OR	X80= /	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	CLAIM			+135= /		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FRE			ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
NON	Total	. 7	Minus	** c	10	= . /		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	TCI AIM	= /		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /) [+135=		OR	+270=/	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT./FEE	
		(Column 1)			mn 2)	(Column 3)					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	7	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 1	Minus	** 6	90	=		X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	***	2	= /		X40=	/		X80=	/
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		┚╏		/	OR		/
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2 writ	e "O" in co	iumn 3	1	+135=	1	OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										L	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												